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CONFIRMATION NO. 1664

<b>SERIAL NUMBER</b> 10/663,091	<b>FILING OR 371(c) DATE</b> 09/15/2003 <b>RULE</b>	<b>CLASS</b> 002	<b>GROUP ART UNIT</b> 3765	<b>ATTORNEY DOCKET NO.</b> 10638-057001
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**APPLICANTS**  
 Moshe Rock, Brookline, MA; ✓

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 10/122,024 04/12/2002 PAT 6,828,003 which is a CIP of 09/982,720 10/18/2001 which is a CIP of 09/883,643 06/18/2001 ABN ✓  
 which is a DIV of 09/347,825 07/02/1999 ABN ✓ *jas*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *none jas*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 12/09/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Examiner's Signature</i> <i>jas</i> <i>Initials</i>	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 6 ✓	<b>TOTAL CLAIMS</b> 50 ✓	<b>INDEPENDENT CLAIMS</b> 5 ✓
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**ADDRESS**  
26161

**TITLE**  
Multi-layer garment system

<b>FILING FEE RECEIVED</b> 1904	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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